

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

FILING DATE

08/930702

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3		2					53						
4		2					54						
5		2					55						
6	1						56						
7	1						57						
8		2					58						
9		2					59						
10		2					60						
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18	1						68						
19		2					69						
20		2					70						
21	1						71						
22		1					72						
23		1					73						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

PTO-1350 (2-78)

*NOT TO BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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